

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

33577

**1. PLACE OF DEATH**

County Henry  
Township Shelburne  
City..... (No..... St..... Ward)

Registration District No. 354  
Primary Registration District No. 8509

File No.....  
Registered No. 6

**2. FULL NAME**

Joanna Hensley  
(a) Residence No..... St..... Ward.....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew Hensley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) sep 3 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>74</u>	<u>1</u>	<u>4</u>	<u>4</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housekeeper  
(b) General nature of industry, business, or establishment in which employed (or employer) in own home  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Wm Page

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER " "

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) " "

14. INFORMANT Mrs Jewel Garrison  
(Address) Clinton RR 2 mo

15. FILED Oct 16 29 J Liberty REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 7 1929

17. I HEREBY CERTIFY, That I attended deceased from March 1929 to Oct 7 1929  
that I last saw her alive on Oct 7 1929 and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Nephritis Chronic  
131  
1621 290 (duration) yrs. 9 mos. ds.

CONTRIBUTORY (SECONDARY) old age  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical

(Signed) J Liberty, M. D.

Oct 10 29 (Address) Clinton Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Page Cem DATE OF BURIAL Oct 10 1929

20. UNDERTAKER J Sparr & Son ADDRESS Clinton Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

